

ADVISORY COUNCIL MEMBERSHIP CANDIDATE PROFILE APPLICATION FORM

Recreation Facility:		Date:	
Applicant Name:			
Address:		City:	Zip:
Home Phone:	Fax:	e-mail:	
Work Phone:	Employer:	Job Title:	

Within the last year have you or your family participated at _____? ☐ YES ☐ NO

If yes, please check those that apply:

☐ Classes ☐ Sports ☐ Special Events ☐ Day Camps ☐ Renter ☐ Volunteer

Have you participated at any Community Center in the following capacities?

☐ Advisory Council Member: When _____ Where _____

☐ Volunteer: When _____ Where _____

What generated your interest in becoming a _____ Advisory Council member?

Please list the skills, abilities and interests you possess which you are willing to use on behalf of the Advisory Council? (Please attach a resume if available)

Are there other organizations you are involved with or affiliations you have which could be potential partners with the Advisory Council? ☐ YES ☐ NO, if yes please list them below.

Additional Comments: Please use back of form

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Official Use Only

Approval Routing:	Approval Validation
AC Chairperson _____ Date _____	<input type="checkbox"/> YES <input type="checkbox"/> NO
Facility Supervisor _____ Date _____	<input type="checkbox"/> YES <input type="checkbox"/> NO
ARC Exec Director _____ Date _____	<input type="checkbox"/> YES <input type="checkbox"/> NO
Manager _____ Date _____	<input type="checkbox"/> YES <input type="checkbox"/> NO
Division Director _____ Date _____	<input type="checkbox"/> YES <input type="checkbox"/> NO
Superintendent _____ Date _____	<input type="checkbox"/> YES <input type="checkbox"/> NO

Route: Manager for filing and distribution

Attachment: **Volunteer Packet** - Volunteer Service Agreement (B-32), Consent to Release (E18-5)
Applicant Disclosure (E18-6), WSP Form (ARC version)